

<b>FORM B1</b> <b>United States Bankruptcy Court</b> <b>Northern District of Illinois</b>		<b>Voluntary Petition</b>															
Name of Debtor (if individual, enter Last, First, Middle): <b>SHAW, VALERIE DENISE</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):															
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): <b>FDBA Azpire Group, Inc.</b>		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):															
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): <b>xxx-xx-8018</b>		Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):															
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>606 Wysteria Drive Olympia Fields, IL 60461</b>		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):															
County of Residence or of the Principal Place of Business: <b>Cook</b>		County of Residence or of the Principal Place of Business:															
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):															
Location of Principal Assets of Business Debtor (if different from street address above):																	
<b>Information Regarding the Debtor (Check the Applicable Boxes)</b>																	
<b>Venue</b> (Check any applicable box) <p><input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.</p> <p><input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.</p>																	
<b>Type of Debtor</b> (Check all boxes that apply) <p><input checked="" type="checkbox"/> Individual(s)      <input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Corporation      <input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Partnership      <input type="checkbox"/> Commodity Broker</p> <p><input type="checkbox"/> Other _____      <input type="checkbox"/> Clearing Bank</p>		<b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <p><input type="checkbox"/> Chapter 7      <input type="checkbox"/> Chapter 11      <input checked="" type="checkbox"/> Chapter 13</p> <p><input type="checkbox"/> Chapter 9      <input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding</p>															
<b>Nature of Debts</b> (Check one box) <p><input checked="" type="checkbox"/> Consumer/Non-Business      <input type="checkbox"/> Business</p>		<b>Filing Fee</b> (Check one box) <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only.)</p> <p>Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.</p>															
<b>Chapter 11 Small Business</b> (Check all boxes that apply) <p><input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101</p> <p><input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)</p>		<p><b>THIS SPACE IS FOR COURT USE ONLY</b></p>															
<b>Statistical/Administrative Information</b> (Estimates only) <p><input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.</p> <p><input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.</p>																	
Estimated Number of Creditors      1-15      16-49      50-99      100-199      200-999      1000-over <p><input type="checkbox"/>      <input checked="" type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/>      <input type="checkbox"/></p>																	
<b>Estimated Assets</b> <table border="0"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
<b>Estimated Debts</b> <table border="0"> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>More than \$100 million</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	More than \$100 million										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>	Document Page 2 of 17 <b>SHAW, VALERIE DENISE</b>	FORM B1, Page 2
<b>Prior Bankruptcy Case Filed Within Last 6 Years</b> (If more than one, attach additional sheet)		
Location Where Filed: <b>- None -</b>	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet)		
Name of Debtor: <b>- None -</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Signatures</b>		
<p><b>Signature(s) of Debtor(s) (Individual/Joint)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct.  [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p>		
<p><b>X /s/ VALERIE DENISE SHAW</b>  Signature of Debtor <b>VALERIE DENISE SHAW</b></p>		
<p><b>X</b>  Signature of Joint Debtor</p>		
<p>Telephone Number (If not represented by attorney)  <b>March 7, 2005</b></p>		
<p>Date</p>		
<p><b>Signature of Attorney</b>  <b>X /s/ MARC C. SCHEINBAUM 6180394</b>  Signature of Attorney for Debtor(s)  <b>MARC C. SCHEINBAUM 6180394</b>  Printed Name of Attorney for Debtor(s)  <b>COHEN &amp; KROL</b>  Firm Name  <b>105 West Madison Street</b>  <b>Suite 1100</b>  <b>Chicago, IL 60602</b>  Address  <b>312-368-0300 Fax: 312-368-4559</b>  Telephone Number  <b>March 7, 2005</b>  Date</p>		
<p><b>Signature of Debtor (Corporation/Partnership)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p>		
<p><b>X</b>  Signature of Authorized Individual</p>		
<p>Printed Name of Authorized Individual</p>		
<p>Title of Authorized Individual</p>		
<p>Date</p>		
<p><b>Exhibit A</b>  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>		
<p><b>Exhibit B</b>  (To be completed if debtor is an individual whose debts are primarily consumer debts)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.</p>		
<p><b>X /s/ MARC C. SCHEINBAUM 6180394 March 7, 2005</b>  Signature of Attorney for Debtor(s) Date  <b>MARC C. SCHEINBAUM 6180394</b></p>		
<p><b>Exhibit C</b>  Does the debtor own or have possession of any property that poses a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.  <input checked="" type="checkbox"/> No</p>		
<p><b>Signature of Non-Attorney Petition Preparer</b>  I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.</p>		
<p>Printed Name of Bankruptcy Petition Preparer</p>		
<p>Social Security Number (Required by 11 U.S.C. § 110(c.))</p>		
<p>Address</p>		
<p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:</p>		
<p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p>		
<p><b>X</b>  Signature of Bankruptcy Petition Preparer</p>		
<p>Date</p>		
<p>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</p>		

In re **VALERIE DENISE SHAW**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE D. CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests. List creditors in alphabetical order to the extent practicable. If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTO R H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT X UNLIQUIDATED X DISPUTED X	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
Account No. <b>03 CH 16741</b>			Arrearage on First Mortgage  606 Wysteria Drive Olympia Fields, IL			
J.P. MORGAN/CHASE c/o Ira T. Nevel 175 N. Franklin, Ste 201 Chicago, IL 60606	-		Value \$ 0.00		54,000.00	54,000.00
Account No.			First Mortgage  Residence located at 606 Wysteria Drive Olympia Fields, IL 60461			
J.P.MORGAN/CHASE c/o Ira T. Nevel 175 N. Franklin, Ste 201 Chicago, IL 60606	-		Value \$ 500,000.00		379,000.00	0.00
Account No. <b>03 CH 13875</b>			First Mortgage  Rental Property located at 2815 W. 173rd Street Hazel Crest, IL			
M.E.R.S. c/o Kropik Papuga & Shaw 120 S. La Salle St., Ste 1327 Chicago, IL 60603	-		Value \$ 85,000.00		120,000.00	35,000.00
Account No.			Value \$			
<b>0</b> continuation sheets attached				Subtotal (Total of this page)	<b>553,000.00</b>	
				Total (Report on Summary of Schedules)	<b>553,000.00</b>	

In re **VALERIE DENISE SHAW**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotal" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Repeat this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

**Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).

**Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$4,925\* per person earned within 90 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507 (a)(3).

**Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

**Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(5).

**Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(6).

**Alimony, Maintenance, or Support**

Claims of a spouse, former spouse, or child of the debtor for alimony, maintenance, or support, to the extent provided in 11 U.S.C. § 507(a)(7).

**Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

**Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

\*Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **VALERIE DENISE SHAW**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE E. CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TYPE OF PRIORITY				
			CONTINGENT	UNLIQUIDATED	DISPUTED	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
Account No.	-	606 Wysteria Drive Olympia Fields, IL 60461				25,000.00	0.00
COOK COUNTY TREASURER 118 N. Clark Street Suite 434 Chicago, IL 60602							
Account No.							
Account No.							
Account No.							
Account No.							
Account No.							

Sheet 1 of 1 continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

Subtotal (Total of this page)	<b>25,000.00</b>
Total (Report on Summary of Schedules)	<b>25,000.00</b>

In re **VALERIE DENISE SHAW**

Case No. \_\_\_\_\_

Debtor

## SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community maybe liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOUR	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.			AMOUNT OF CLAIM
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	
Account No. <b>403253404</b>						
<b>ADVOCATE SOUTH SUBURBAN HOSPITAL c/o Harris &amp; Harris, Ltd. 600 W. Jackson Blvd., Ste 700 Chicago, IL 60661</b>		-				<b>44,328.00</b>
Account No. <b>06 012905781</b>						
<b>ALLSTATE INDEMNITY COMPANY c/o Credit Collection Services P. O. Box 55126 Boston, MA 02205-5126</b>		-				<b>261.22</b>
Account No. <b>06 012903462</b>						
<b>ALLSTATE INSURANCE COMPANY c/o Credit Collection Services P. O. Box 55126 Boston, MA 02205-5126</b>		-				<b>243.50</b>
Account No. <b>0329524146</b>						
<b>AMERICA ONLINE CREDIT DEPT. GPO P. O. Box 29593 New York, NY 10087-9593</b>		-				<b>144.50</b>
<b>7</b> continuation sheets attached				Subtotal (Total of this page)		<b>44,977.22</b>

In re **VALERIE DENISE SHAW**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>0914 05903003</b>							
<b>AMERICAN GENERAL FINANCE</b> 4730 Lincoln Highway Matteson, IL 60443-2316	-						<b>2,037.56</b>
Account No. <b>04 M1-173335</b>			<b>Assignee of Citibank</b>				
<b>ASSET ACCEPTANCE, LLC</b> c/o McMahan & Sigunick, Ltd. 216 W. Jackson Blvd., Ste 900 Chicago, IL 60606	-						<b>16,790.63</b>
Account No. <b>A3509135557401000000</b>							
<b>AT&amp;T</b> c/o NCO Financial Systems P. O. Box 41457 Philadelphia, PA 19101-1457	-						<b>527.98</b>
Account No. <b>708-748-5380 D</b>							
<b>AT&amp;T</b> P. O. Box 8212 Aurora, IL 60572-8212	-						<b>777.47</b>
Account No. <b>5654900</b>							
<b>AT&amp;T Bundled</b> c/o OSI Collection Services, Inc.. P. O. Box 957 Brookfield, WI 53008	-						<b>921.92</b>
Sheet no. <b>1</b> of <b>7</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	<b>21,055.56</b>

In re **VALERIE DENISE SHAW**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>75910001030 FACRAT</b>		-				
<b>AT&amp;T CCO LONG DISTANCE</b> c/o Risk Mgmt Alternatives, Inc. P. O. Box 105816 Atlanta, GA 30348-5816						<b>921.92</b>
Account No. <b>5178 0522 3230 8334</b>		-				
<b>CAPITAL ONE</b> P. O. Box 85520 Internal Zip 12030-163 Richmond, VA 23285-5520		-				<b>1,031.86</b>
Account No. <b>Citation #0039252274</b>		-				
<b>CHICAGO DEPT. OF REVENUE</b> Remittance Center P. O. Box 88292 Chicago, IL 60680-1292		-				<b>60.00</b>
Account No.		-				
<b>CHICAGO TRIBUNE</b> 777 W. Chicago Avenue FC 300 Chicago, IL 60610		-				<b>150.00</b>
Account No. <b>Notice #5038301190</b>		<b>Parking Violations</b>				
<b>CITY OF CHIGACO-DEPT.OF</b> REVENUE P. O. Box 88292 Chicago, IL 60680-1292		-				<b>370.00</b>
Sheet no. <b>2</b> of <b>7</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>2,533.78</b>

In re **VALERIE DENISE SHAW**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODE H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	
Account No. <b>8543195</b>		-				<b>1,221.06</b>
<b>COM ED</b> c/o Van Ru Credit Corporation P. O. Box 618 Park Ridge, IL 60068-0618		-				
Account No. <b>440</b>		-				<b>217.04</b>
<b>CORPORATE OFFICES</b> 2021 Midwest Road Suite 200 Oak Brook, IL 60523		-				
Account No. <b>File No. 04060064</b>		-				
<b>CORPORATE OFFICES BUSINESS</b> c/o Abrams & Abrams, P.C. 75 E. Wacker Dr., Ste 320 Chicago, IL 60601		-				<b>1,166.78</b>
Account No. <b>D00-73-6476</b>		-				
<b>DeVRY UNIVERSITY</b> 18624 West Creek Drive Tinley Park, IL 60477		-				<b>2,696.25</b>
Account No. <b>4200880180</b>		-				
<b>EDUCAID</b> 3301 C Street, Ste 100A Sacramento, CA 95816-3300		-				<b>2,044.00</b>
Sheet no. <b>3</b> of <b>7</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>7,345.13</b>

In re **VALERIE DENISE SHAW**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>388656</b>							
<b>GAS LINE COMFORT GUARD</b> P. O. Box 3042 Naperville, IL 60563-3042		-					<b>17.50</b>
Account No. <b>W7216019-MW-ST540-999</b>			<b>Re: Star/A &amp; J Disposal Service</b>				
<b>I.C. SYSTEM, INC.</b> 444 Highway 96 East P. O. Box 64437 Saint Paul, MN 55164-0437		-					<b>103.31</b>
Account No. <b>200500205212</b>							
<b>INGALLS MEMORIAL HOSPITAL</b> P. O. Box 75608 Chicago, IL 60675-5608		-					<b>75.00</b>
Account No. <b>ILo107180226002</b>			<b>2004-M1-607221</b> <b>2000 Jeep Grand Cherokee</b> <b>Deficiency</b>				
<b>LIGHTHOUSE FINANCIAL GROUP OF</b> IL P. O. Box 18512 Tampa, FL 33679-8512		-					<b>19,888.70</b>
Account No. <b>03 CH 13875</b>			<b>Rental Property at</b> <b>2815 W. 73rd Street</b> <b>Hazel Crest, IL</b>				
<b>M.E.R.S.</b> c/o Kropik Papuga & Shaw 120 S. La Salle St., Ste 1327 Chicago, IL 60603		-					<b>30,000.00</b>
Sheet no. <b>4</b> of <b>7</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			<b>50,084.51</b>

In re **VALERIE DENISE SHAW**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>4-02-73-2321 3</b>							
<b>NICOR GAS</b> P. O. Box 310 Aurora, IL 60507-0310		-					<b>1,239.23</b>
Account No. <b>000064893910-001</b>							
<b>NORTHWESTERN MEMORIAL HOSPITAL</b> P. O. Box 73690 Chicago, IL 60673-7690		-					<b>75.00</b>
Account No. <b>4465 6118 0064 7491</b>							
<b>PROVIDIAN</b> P. O. Box 660763 Dallas, TX 75266-0763		-					<b>3,877.00</b>
Account No. <b>79713601000-FACSAMT</b>			Ref. #708-748-3801-6129				
<b>SBC</b> c/o Risk Mgmt Alternatives, Inc. P. O. Box 105405 Atlanta, GA 30348		-					<b>319.23</b>
Account No. <b>000410</b>							
<b>SFZ CORPORATION</b> Shahla Zaidi, M.D. 17850 S. Kedzie Ave., #3100 Hazel Crest, IL 60429-2086		-					<b>50.00</b>
Sheet no. <b>5</b> of <b>7</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			<b>5,560.46</b>

In re **VALERIE DENISE SHAW**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>40031364004139</b>						
<b>TELECHECK</b> P. O. Box 17120 Denver, CO 80217-0120		-				<b>25.00</b>
Account No. <b>708-481-2140</b>						
<b>TELECOM USA</b> P. O. Box 600607 Jacksonville, FL 32260-0607		-				<b>21.09</b>
Account No. <b>UCA31423</b>						
<b>UNIV. OF CHGO DEPT OF ANESTHESIA</b> P. O. Box 75307 Chicago, IL 60675		-				<b>293.70</b>
Account No. <b>3-403583</b>						
<b>UNIV. OF CHICAGO PHYSICIANS GROUP</b> P. O. Box 75307 Chicago, IL 60675-5307		-				<b>730.20</b>
Account No. <b>1932532</b>						
<b>UNIVERSITY OF CHICAGO HOSPITALS</b> P. O. Box 70565 Chicago, IL 60673-0565		-				<b>917.96</b>
Sheet no. <b>6</b> of <b>7</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)			<b>1,987.95</b>

In re **VALERIE DENISE SHAW**

Case No. \_\_\_\_\_

Debtor

**SCHEDULE F. CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	CODEBTOR H W J C	Husband, Wife, Joint, or Community	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. <b>Case #033141641</b>		-					
<b>UNIVERSITY OF CHICAGO HOSPITALS c/o Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321</b>		-					<b>49.72</b>
Account No. <b>033351330</b>		-					
<b>UNIVERSITY OF CHICAGO HOSPITALS c/o Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321</b>		-					<b>561.00</b>
Account No. <b>P7851632</b>		-	<b>Re: Certificate of Occupancy</b>				
<b>VILLAGE OF HAZEL CREST Dept. of Administrative Bldg. Code Hazel Crest, IL 60429</b>		-					<b>350.00</b>
Account No.							
Account No.							
Sheet no. <b>7</b> of <b>7</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			<b>960.72</b>
				Total (Report on Summary of Schedules)			<b>134,505.33</b>

Document Page 14 of 17  
**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **VALERIE DENISE SHAW**

Debtor(s)

Case No.

Chapter

13**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	\$ <u>2,200.00</u>
Prior to the filing of this statement I have received.....	\$ <u>2,200.00</u>
Balance Due.....	\$ <u>0.00</u>

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: March 7, 2005/s/ MARC C. SCHEINBAUM 6180394MARC C. SCHEINBAUM 6180394COHEN & KROL105 West Madison StreetSuite 1100Chicago, IL 60602312-368-0300 Fax: 312-368-4559

**United States Bankruptcy Court  
Northern District of Illinois**

In re **VALERIE DENISE SHAW**

Debtor(s)

Case No.  
Chapter

**13**

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: **54**

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: **March 7, 2005**

**/s/ VALERIE DENISE SHAW**  
**VALERIE DENISE SHAW**  
Signature of Debtor

Case 05-08045 Document 1 Filed 03/07/05 Entered 03/07/05 16:56:18 Desc Main  
ADVOCATE SOUTHERN SUBURBAN HOSPITALITY Bundled Document Page 16 of 17 Darren L. Beck  
c/o Harris & Harris, Ltd. c/o DPO Collection Services, Inc.  
600 W. Jackson Blvd., Ste 700 P. O. Box 957  
Chicago, IL 60661 Brookfield, WI 53008  
5 East Wilson Street  
Batavia, IL 60510

ALLSTATE INDEMNITY COMPANY  
c/o Credit Collection Services  
P. O. Box 55126  
Boston, MA 02205-5126

AT&T CCO LONG DISTANCE  
c/o Risk Mgmt Alternatives, Inc.  
P. O. Box 105816  
Atlanta, GA 30348-5816

DeVRY UNIVERSITY  
18624 West Creek Drive  
Tinley Park, IL 60477

ALLSTATE INSURANCE COMPANY  
c/o Credit Collection Services  
P. O. Box 55126  
Boston, MA 02205-5126

CAPITAL ONE  
P. O. Box 85520  
Internal Zip 12030-163  
Richmond, VA 23285-5520

EDUCAID  
3301 C Street, Ste 100A  
Sacramento, CA 95816-3300

AMERICA ONLINE CREDIT DEPT.  
GPO  
P. O. Box 29593  
New York, NY 10087-9593

CHICAGO DEPT. OF REVENUE  
Remittance Center  
P. O. Box 88292  
Chicago, IL 60680-1292

GAS LINE COMFORT GUARD  
P. O. Box 3042  
Naperville, IL 60563-3042

AMERICAN GENERAL FINANCE  
4730 Lincoln Highway  
Matteson, IL 60443-2316

CHICAGO TRIBUNE  
777 W. Chicago Avenue  
FC 300  
Chicago, IL 60610

GC Services Collection Agency  
P. O. Box 3026  
Houston, TX 77253

Arnold Scott Harris, P.C.  
600 W. Jackson Blvd., Ste 450  
P. O. Box 5625  
Chicago, IL 60680-5625

CITY OF CHICAGO-DEPT.OF REVENUE I.C. SYSTEM, INC.  
P. O. Box 88292  
Chicago, IL 60680-1292  
444 Highway 96 East  
P. O. Box 64437  
Saint Paul, MN 55164-0437

ASSET ACCEPTANCE, LLC  
c/o McMahan & Signick, Ltd.  
216 W. Jackson Blvd., Ste 900  
Chicago, IL 60606

COM ED  
c/o Van Ru Credit Corporation  
P. O. Box 618  
Park Ridge, IL 60068-0618

ILLINOIS COLLECTION SERVICE, IN  
P. O. Box 646  
Oak Lawn, IL 60454-0646

ASSOCIATED RECOVERY SYSTEMS  
201 w. gRAND aVENUE  
Escondido, CA 92025

COOK COUNTY TREASURER  
118 N. Clark Street  
Suite 434  
Chicago, IL 60602

INGALLS MEMORIAL HOSPITAL  
P. O. Box 75608  
Chicago, IL 60675-5608

AT&T  
c/o NCO Financial Systems  
P. O. Box 41457  
Philadelphia, PA 19101-1457

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Suite 200  
Oak Brook, IL 60523

J.P. MORGAN/CHASE  
c/o Ira T. Nevel  
175 N. Franklin, Ste 201  
Chicago, IL 60606

AT&T  
P. O. Box 8212  
Aurora, IL 60572-8212

CORPORATE OFFICES BUSINESS  
c/o Abrams & Abrams, P.C.  
75 E. Wacker Dr., Ste 320  
Chicago, IL 60601

J.P.MORGAN/CHASE  
c/o Ira T. Nevel  
175 N. Franklin, Ste 201  
Chicago, IL 60606

LIGHTHOUSE FINANCIAL GROUP Doc 1 Filed 03/07/05 Entered 03/07/05 16:56:18 Desc Main Document Page 17 of 17 P. O. Box 18512 Tampa, FL 33679-8512 P. O. Box 600763 Dallas, TX 75266-0763 c/o Trustmark Recovery Services 541 Otis Bowen Drive Munster, IN 46321

Linebarger Goggan Blair & Sampson  
P. O. Box 06152  
Chicago, IL 60606-0152

SBC  
c/o Risk Mgmt Alternatives, Inc.  
P. O. Box 105405  
Atlanta, GA 30348

UNIVERSITY OF CHICAGO HOSPI  
c/o Trustmark Recovery Services  
541 Otis Bowen Drive  
Munster, IN 46321

M.E.R.S.  
c/o Kropik Papuga & Shaw  
120 S. La Salle St., Ste 1327  
Chicago, IL 60603

SFZ CORPORATION  
Shahla Zaidi, M.D.  
17850 S. Kedzie Ave., #3100  
Hazel Crest, IL 60429-2086

VILLAGE OF HAZEL CREST  
Dept. of Administrative Bldg. Code  
Hazel Crest, IL 60429

M.E.R.S.  
c/o Kropik Papuga & Shaw  
120 S. La Salle St., Ste 1327  
Chicago, IL 60603

SHERMAN ACQUISITION, LP  
9700 Bissonnet Street, Ste 2000  
P. O. Box 740281  
Houston, TX 77274-0281

WOLPOFF & ABRAMSON, LLP  
Two Irvington Centre  
702 King Farm Blvd.  
Rockville, MD 20850-5775

MRS Associates, Inc.  
3 Executive Campus  
Suite 400  
Cherry Hill, NJ 08002

TELECHECK  
P. O. Box 17120  
Denver, CO 80217-0120

National Asset Management Enterpris  
P. O. Box 725409  
Atlanta, GA 31139

TELECOM USA  
P. O. Box 600607  
Jacksonville, FL 32260-0607

NCO Financial Systems, Inc.  
P. O. Box 8148  
Philadelphia, PA 19101-8148

Teller, Levit & Silvertrust, P.C.  
11 E. Adams Street  
Chicago, IL 60603

NICOR GAS  
P. O. Box 310  
Aurora, IL 60507-0310

UNIV. OF CHGO DEPT OF ANESTHESIA  
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Chicago, IL 60675

NORTHWESTERN MEMORIAL HOSPITAL UNIV. OF CHICAGO PHYSICIANS GROUP  
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Chicago, IL 60673-7690

P. O. Box 75307  
Chicago, IL 60675-5307

Pellettieri & Associates  
991 Oak Creek Drive  
Lombard, IL 60148-6408

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Chicago, IL 60673-0565